#### **SUMMARY SHEET**

	Change in Company's premium or ra	te level produced by rate revision effective	April 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		<del></del>
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		<del></del>
10.	Extended Coverage		<del></del>
11.	Inland Marine		
12.	Homeowners		
_13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	\$1,029,789	+2.6%
Does na	filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Ado	description of filing. (If filing follows pting NCCI rates per Bulletin Il-2004- America	rates of an advisory organization, specify or 05 and deleting several of our industrial and	rganization): wholesale deviated classes for

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



DIVISION OF INSURANCE

APR 0 1 2005

Alsomnighter De Illinois

(Mrs.) Petrise Meyer Rates and Forms Analyst Official - Title

All Americas

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>January 4</u>, 2005.

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability     Private Passenger		Volume (minors)		
Commercial				
2. Automobile Physical Da	mage			
Private Passenger				
Commercial				
3. Liability Other than Auto	ı			
4. Burglary and Theft	CHANCE	<del></del>	<del></del>	
5. Glass	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	<del> </del>		
6. Fidelity	SINED			
7. Surety 8. Boiler and Machinery	<del>-</del>			
9. Fire	JAN 0 2 2005			
10. Extended Coverage	L CONTRACTOR		<del></del>	
11. Inland Marine	- "LINOIS			
12. Homeowners	SPRINGFIELD, ILLINOIS			
13. Commercial Multi-Peril				
14. Crop Hail				
15. Workers Compensation		\$98,943	+16:9%***	
16. Other				
Line of Insuran	ce			
Does filing only apply to cer	tain territory (territories) or certain cla	asses? If so, specify	No	
	filing follows rates of an advisory orga			
	30 (1.916 for F classes) to be applicate	ole to the latest loss cost	s published by the readonal	—
Council on Compensation I	nsurance effective January 1, 2005.			
* Adjusted to reflect all p ** Change in Company's	orior rate changes. premium level which will result from appl	ication of new rates.		

\*\*\* Refer to Appendix D

American Alternative Insurance Corporation

Name of Company

Kathryn R. Sine, Senior State Underwriting Specialist

Official - Title

# ILLINOIS SUMMARY SHEET

# FORM RF-3

Change	in Company's premium or rate level produced b	y rate revision effective:	4/1/05
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	***************************************	<del></del>
	Private Passenger		
	Commercial		
3.	Liability Other than Auto	•	
4.	Burglary and Theft		<del></del>
5.	Glass	<del></del>	
6.	Fidelity		<del></del>
7.	Surety	<del></del>	<del></del>
8.	Boiler and Machinery		<del></del>
9.	Fire ————		
10.	Extended Coverage		
1.	Inland Marine		<del></del>
2.	Homeowners		<u> </u>
13.	Commercial Multi-Peril		
14.	Crop Hail		<del></del>
5.	Workers Compensation	6,986.282	
16.	Other:	6,986.282	0.1%
s filin	g only apply to certain territory (territories) or c	certain classes? If so, specify.	VISION OF INSURANCE STATE OF ILLANOS MERRIC
f desc	cription of filing (if filing follows rates of an adv	visory organization, specify organization).	APR 0 1 2005
<u>CN</u>	A is filing to adopt current NCCI voluntary rate	· ·	
Cor	npany specific deviations, if applicable, are note	ed in the filing memorandum.	RINGFIELD, ILLINOIS
. ,			MINGFIELD, ILLINOIS
	force Written Premium		
Cha	ange in Company's premium level which will res	sult from application of new rates.	
			ompany of Reading, PA
		Name of	Company
		Drew Yashar, ACAS, M.	AAA - Actuarial Manager
			l - Title

# **SUMMARY SHEET**

٠	Change in Company's p	premium or rate l	evel prod	BIVISION OF INSURANCE			
	revision effective	March l	, 2005	STATE OF ILLINOIS/IDFFR			
	(1)	(2) Annual Premi	T.	MAR U 1 2005 (3)			
	Coverage	Volume (Illino	<u>s)*</u>	<u>Change (+or-)**</u>			
			Ì	SPRINGFIELD, ILLINOIS			
1.	Automobile Liability						
	Private Passenger						
	Commercial						
2.	Automobile Physical						
	Damage						
	Private Passenger						
	Commercial				<del> </del>		
3.	Liability Other Than Auto						
4.	Burglary and Theft				<del></del>		
5.	Glass						
6.	Fidelity				<del></del>		
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage						
11.	Inland Marine						
12.	Homeowners						
13.	Commercial Multi-Peril						
14.	Crop Hail						
15.	Other Work Comp	\$25	0,273	+5.5%			
	Line of Insurance			-			
Does	filing only apply to certain to	erritory ( territori	es ) or cer	tain classes? If so, specify: No			
			<u> </u>	i sti s s seife augustati			
Brie	f description of filing. (If fili	ng follows rates	of an advi	sory organization, specify organization	on ):		
Adop	ting loss costs in NCCI circular IL-	2004-03 effective 1/	1705 WILLI CC	ompany effective date 5/1/05.			
					<del></del>		
* A	djusted to reflect all prior rate	changes.					
	** Change in Company's premium level which will						
	esult from application of new						
			A	merican Fire & Casualty Company			
				Name of Company			
			Jen	nifer Swift Product Staff Underwrite	er		
		<del></del>		Official - Title	<u> </u>		

# **ILLINOIS DEPARTMENT OF INSURANCE**

# **SUMMARY SHEET**

3-1-05

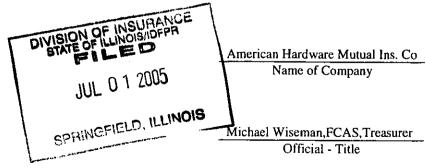
Change in Company's premium or rate	level produced by rate revision effective _	<del>1/1/05</del>
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation  Line of Insurance	912,138	-5.6
Does filing only apply to certain territory	(territories) or certain classes? If so, spec	cify: N/A
Adopting NCCI advisory loss costs and  *Adjusted to reflect all prior rate change		
Change in Company's premium level	which will result from application of flow re	acc.
	American Guarant	tee & Liability Insurance Co.
		Name of Company
	De	enise Goode, Secretary Official – Title
	STATE	ON OF INSURANCE OF ILLINOIS/IDEPR
	M	AR 0 1 2005
	SPRIN	IGFIELD, ILLINOIS

# **SUMMARY SHEET**

		(1)	· (2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
I.	Private	bile Liability Passenger		
	Comm			
2.		bile Physical Damage	· · · · · · · · ·	
		Passenger		
_	Comm			
3.		Other Than Auto		
4.		and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		nd Machinery		
9.	Fire			
10.		d Coverage		
11.	Inland M			
12.	Homeov			
13.		cial Multi-Peril		
14.	— <del>Сгор</del> -На			
15.	Other	Workers	\$646,625	+1.5%
		Compensation		
		Line of Insurance		

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



H29219D

# ILLINOIS DEPARTMENT OF INSURANCE

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  (1) (2) (3) (3) Percent Coverage Volume (Illinois)* Change (+ or -)**  1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  American Zurich Insurance Company Name of Company			3-1-05
Annual Premium Percent Change (+ or -)**  1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 15. Othe	Change in Company's premium or rate lev	el produced by rate revision effective	<del>1/1/05</del>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify. N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company		Annual Premium	Percent
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company Name of Company Name of Company	<u>Coverage</u>	<u>Volume (Illinois)*</u>	Change (+ or -)**
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation 6.551,967 -6.4  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company Pensa Aspetie Clesses Mance **American Zurich Insurance Company Name of Company	•		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company	Automobile Physical Damage		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 6,551,967 6.4  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company	Liability Other Than Auto		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 6,551,967 -6,4  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company Name of Company  Pensal Pathology Chengelly ANCE State of Pathology Opensor	Burglary and Theft		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company Pensangula Certain Angel	5. Glass _		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation 6.551,967 -6.4  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCi advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company Pensal Part Relinos/10PPR	6. Fidelity _		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company  Penistrate of Patinois/DFPR	7. Surety		
10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hall  15. Other Workers Compensation	Boiler and Machinery		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation 6,551,967 -6.4  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company  Penish Applie Designation of PREMOIS/IDPER	9. Fire _		
12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 6,551,967 -6.4  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company    Perist Annual Company   Perist Manual Company	10. Extended Coverage _		
13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 6,551,967 -6.4  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company  Deniga Applie Certain MANCE  STATE OF ILLINOIS/IDEPR	11. Inland Marine		
14. Crop Hail  15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company  Pensal Paragraphic Company  Tensal Paragraphic Company	12. Homeowners		
15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company Name of Company    Denist August General Mange   State of technols/IDFPR	13. Commercial Multi-Peril		
Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company  Penga Apple CENSUMANCE  SYATE OF TELINOIS/IDEPR	14. Crop Hail		
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Adopting NCCI advisory loss costs and rating values effective 1/1/05.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company  Pensylvance  Pensylvance  State of Reinols/IDFPR		6,551,967	6.4
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.    American Zurich Insurance Company   Name of Company	Does filing only apply to certain territory (to	erritories) or certain classes? If so, spe	cify: N/A
**Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company  Penga Angele GENSUMANCE  STATE OF ILL INDIS/IDEPR			
**Change in Company's premium level which will result from application of new rates.  American Zurich Insurance Company  Name of Company  Penga Angele GENSUMANCE  STATE OF ILL INDIS/IDEPR			
Name of Company  Denise Agente of Company  STATE OF ILE INOIS / IDFPR	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level wh	ich will result from application of new r	ates.
Pengaling General Mance		American Zu	rich Insurance Company
STATE OF TEINOIS/IDFPR			
			STATE OF ILLINOIS/IDFPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produc	eed by rate revision effective 6/1/200	<u>5                                    </u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	, , , , , , , , , , , , , , , , , , , ,	g-( ,
Automobile Liability		
Private Passenger		
Commercial		
<ol><li>Automobile Physical Damage</li></ol>		
Private Passenger		-
Commercial		
Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11Inland_Marine		
12. Homeowners		
<ol><li>Commercial Multi-Peril</li></ol>		
14. Crop Hail		
15. Workers Compensation	\$169,336.00	0.01%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	<del> </del>
NI/A		
N/A		
Brief description of filing (if filing follows rates of an	advisory organization, specify organization)	
Bilet description of ming (if ming follows rates of art	advisory organization, specify organization,	<del></del>
Delay of Implementation of NCCI Countrywide Ite	em Filings R-1393 - Miscellaneous Values i	for Domestic Terrorism
belay of implementation of Noor countrywide it	en i minge b-1550 - miscenaricous values i	or bomestic remonshi,
Earthquakes and Catastrophic Industrial Accide	nts to June 1 2005	
* Adjusted to reflect all prior rate changes * Change in Company's premium le el which the STATE  STATE		
Change in Company's premium level which the	Avitorn application of new rates.	
SIATE	OF ILLINOIS/IDEPICE	
	AmGUARD Insu	rance Company
- I u	Name of	Company
J U	UN 14 7 000-	
<b>.</b>	7N 9 1 2005	
j	IN 0 1 2005 Mitch Matthews - State	
j	Mitch Matthews - State Official	

# **ILLINOIS DEPARTMENT OF INSURANCE**

# **SUMMARY SHEET**

thange in Company's premium or rate level produced by rate revision effective  (1) (2) (3)  Annual Premium  Percent  Coverage Volume (Illinois)*  Automobile Liability Private  Passenger Commercial  Automobile Physical Damage  Private Passenger Commercial  Liability Other Than Auto  Burglary and Theft  Glass  Fidelity  Surety  Boiler and Machinery  Fire  Extended Coverage  Inland Marine  Homeowners  Coverage  (3)  (3)  (3)  (4)  (2)  (3)  (Annual Premium  Percent  Change (+ or -)***  Change (+ or -)**  Change (+ or -)*  Change (+ or -)*		SOMMANT SHEET	3.1-05
Annual Premium Volume (Illinois)*  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of insurance  coes filing only apply to certain territory (territories) or certain classes? If so, specify: NIA  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official—Title  DIVISIANCE FILLE D MAR 0 1 2005	hange in Company's premium or rate level	produced by rate revision effective	
Coverage Volume (Illinois)* Change (+ or -)**  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation 841,363 -5.1  The of Insurance coes filling only apply to certain territory (territories) or certain classes? If so, specify organization): dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official—Trite  DIVISION OF INSURANCE STATE or LLLED PINSURANCE STATE OR LLD PINSURANCE	(1)		
Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of Insurance coes filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official – Trile  DIVISION OF INSURANCE STATE OF ILLING/SIOPPP FILL ED  INSURANCE STATE OF ILLING/SIOPPP MAR 0 1 2005	<u>Coverage</u>		
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  wife description of filing. (If filing follows rates of an advisory organization, specify organization): dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official – Title  DIVISION OF INSURANCE STATE OF ILLING/SIDPPR FILE COMMENTANCE STATE OF ILLING/SIDPPR	Automobile Liability Private		
Private Passenger Commercial  Liability Other Than Auto  Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire  D. Extended Coverage I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of insurance  oes filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  rief description of filing. (If filling follows rates of an advisory organization, specify organization): dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official – Title  Division OF INSURANCE STATE OF ILLINOIS/IDFPR FILL DIVISION OF INSURANCE			
Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 5. Other Workers Compensation Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify N/A  Prief description of filling. (If filling follows rates of an advisory organization, specify organization): dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official – Title  DIVISION OF INSURANCE STATE OF ILLINOISIOPPR FILL LINDISIOPPR FILL LINDISIOPPR MAR 0 1 2005	D: D		
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 3. Corp Hall 5. Other Workers Compensation Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Trief description of filling. (If filling follows rates of an advisory organization, specify organization): dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official - Trile  DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILL LINOIS/IDFPR MAR 0 1 2005	<u> </u>		
Glass Fidelity Surety Boiler and Machinery Fire  Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Other Workers Compensation Line of Insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify N/A  def description of filing. (If filing follows rates of an advisory organization, specify organization): Lopting NCCI advisory loss costs and rating values effective 1/1/05.  dijusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official - Title  DIVISION OF INSURANCE STATE OF ILLINOS/IDEPR MAR 0 1 2005	-		
Fidelity Surety Boiler and Machinery Fire  D. Extended Coverage I. Inland Marine P. Homeowners Compensation Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify:  Machine description of filling. (If filling follows rates of an advisory organization, specify organization):  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official - Title  DIVISION OF INSURANCE STATE OF ILLINOSIDEPER MAR 0 1 2005	<del>-</del>		
Surety Boiler and Machinery Fire  D. Extended Coverage Inland Marine C. Homeowners C. Crop Hall C. Crop Hall C. Other Workers Compensation Line of insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Description of filing. (If filing follows rates of an advisory organization, specify organization): Description NCCI advisory loss costs and rating values effective 1/1/05.  Description of reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company Denise Goode, Secretary Official – Trile  DIVISION OF INSURANCE STATE OF LILLIOSIS/IDEPR MAR 0 1 2005			
Boiler and Machinery Fire  D. Extended Coverage  I. Inland Marine  D. Homeowners  Commercial Multi-Peril  Corp Hall  Other Workers Compensation Line of insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Description of filling. (If filling follows rates of an advisory organization, specify organization): Didipting NCCI advisory loss costs and rating values effective 1/1/05.  Description of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary Official - Title  DIVISION OF INSURANCE STATE OF LILLING/SIDEPR MAR 0 1 2005	•		
Fire  D. Extended Coverage  D. Inland Marine  Prince  C. Homeowners  C. Crop Hall  C. Crop Hall  C. Other Workers Compensation  Line of Insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Diopting NCCI advisory loss costs and rating values effective 1/1/05.  Didiusted to reflect all prior rate changes.  Change in Company's premium level which will result from application of new rates.  Assurance Company of America  Name of Company  Denise Goode, Secretary  Official - Tritle  DIVISION OF INLINOIS/IDFPR  STATE OF ILLIED  MAR 0 1 2005	•		-
D. Extended Coverage  I. Inland Marine  2. Homeowners  3. Commercial Multi-Peril  5. Other Workers Compensation Line of insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Dief description of filling, (If filling follows rates of an advisory organization, specify organization): Diopting NCCI advisory loss costs and rating values effective 1/1/05.  Didjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary Official – Title  DIVISION OF INSURANCE STATE OF ILLINOS/IDFPR  MAR 0 1 2005	•		
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of Insurance  Dees filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Prief description of filling. (If filling follows rates of an advisory organization, specify organization):  dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary Official – Title  DIVISION FILLIED  MAR 0 1 2005			
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers Compensation Line of Insurance  Dees filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Prief description of filing. (If filing follows rates of an advisory organization, specify organization):  dopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary Official - Title  DIVISION OF INSURANCE STATE OF ILLNOIS/IDEPR MAR 0 1 2005	•		
commercial Multi-Peril  Crop Hall  Other Workers Compensation Line of insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling. (If filling follows rates of an advisory organization, specify organization):  Description of filling follows rates of an advisory organization, specify organization):  Description of filling follows rates of an advisory organization, specify organization):  Description of filling follows rates of an advisory organization, specify organization):  Description of filling follows rates of an advisory organization, specify organization):  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization, specify organization.  Description of filling follows rates of an advisory organization.  Descri	<del></del>	<del> </del>	-
cother Workers Compensation Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organizat	<del></del> -		
Other Workers Compensation Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Diopting NCCI advisory loss costs and rating values effective 1/1/05.  Diopting NCCI advisory loss costs and rating values effective 1/1/05.  Adjusted to reflect all prior rate changes.  Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary  Official – Title  DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPPR  MAR 0 1 2005	B. Commercial Multi-Peril		
Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Diedopting NCC1 advisory loss costs and rating values effective 1/1/05.  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization, specify organization):  Dief description of filing. (If filing follows rates of an advisory organization):  Dief description of filing. (If filing follows rates of an advisory organization):  Dief description of filing. (If filing follows rates of an advisory organization):  Dief description of filing. (If filing follows rates of an advisory organization):  Dief description of filing. (If fili	· · · · · · · · · · · · · · · · · · ·		
bes filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  ief description of filing. (If filing follows rates of an advisory organization, specify organization):  dopting NCCI advisory loss costs and rating values effective 1/1/05.  idjusted to reflect all prior rate changes.  Change in Company's premium level which will result from application of new rates.  Assurance Company of America  Name of Company  Denise Goode, Secretary  Official – Title  DIVISION OF INSURANCE  STATE OF ILLINOIS/IDEPR  FILE DIVISION OF INSURANCE		841,363	5.1
Change in Company's premium level which will result from application of new rates.  Assurance Company of America Name of Company  Denise Goode, Secretary Official – Title  DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED  MAR 0 1 2005	dopting NCCI advisory loss costs and rating		ify organization):
Denise Goode, Secretary  Official – Title  DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR  FILE D  MAR 0 1 2005	Change in Company's premium level which	will result from application of new	rates.
Denise Goode, Secretary  Official – Title  DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR  FILE D  MAR 0 1 2005		Assurance	
Official - Title  DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR  STATE OF ILLINOIS/IDFPR  MAR 0 1 2005			Name of Company
DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR  MAR 0 1 2005			Denise Goode, Secretary
MAR 0 1 2005		-	
MAR 0 1 2005		DI	CTATE ()P ILLII4010/10.
ADDINGFIELD, ILLINOIS			MAR U I ZUUS
			PRINGFIELD, ILLINOIS

# **Summary Sheet**

Annual Premium

Percent Change

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

			Annual Fremium	reitent Change
		Coverage	Volume (Illinois)*	(+ or -)**
1.		bile Liability - Private ger Commercial		
2.		bile Physical Damage - Passenger Commercial		
3.	Liability	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler a	nd Machinery		
9.	Fire			
10.	Extende	ed Coverage		
11.	Inland M	Marine		
12.	Homeov	vners		
13.	Comme	rcial Multi-Peril		
<del>- 14.</del>	Crop-Ha	<del>il</del>		
15.	Other	Workers Comp	90,871,273	less than 1.
		Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

Athena Assurance Company  Name of Company	
Buy Heffres	DIVISION OF INSURANCE STATE OF ILL INDISUDER
• • • • • • • • • • • • • • • • • • • •	APR 0 1 2005
Second Vice President Official - Title	SPRINGFIELD, ILLINOIS

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

# **SUMMARY SHEET**

•	Change in Company's premium or rai	e level produced by rate revision eff	ective _	April 1, 2005
	(1)	(2)		(3)
	Coverage	Annual Premium Volume (Illinois)*		Percent Change (+ or -)**
1.	Automobile Liability Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto	-	- –	
4.	Burglary and Theft			
5.	Glass	-		
6.	Fidelity		_	
7.	Surety		_	
8.	Boiler and Machinery			
9.	Fire		_	
10.	Extended Coverage	<del></del>		
11. 12.	Inland Marine			
12. <del>-13</del>	Homeowners —Commercial Multi-Peril			
14.	Crop Hail			2.27
15.	Other Workers Comp	\$8,854,098	-	+0.1%
15.	Line of Insurance	\$6,83 <del>4</del> ,078	- –	10.170
na Brief d	description of filing. (If filing followoring NCCI's rates per Bulletin IL-200	s rates of an advisory organization, s		ganization):
** Cl	djusted to reflect all prior rate change hange in Company's premium level w sult from application of new rates.	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
		APR 0 1 2003	_	Mutual Ins Co Name of Company
		SPRINGFIELD, ILLINOIS		
			(Mrs.) P	etrise Meyer
		_		d Forms Analyst
		-		Official - Title

# **Summary Sheet**

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

			Annual Premium	Percent Change
	С	overage	Volume (Illinois)*	(+ or -)**
1.	Automobile L Passenger C	iability - Private ommercial		
2.		Physical Damage - enger Commercial		
3.	Liability Othe	r Than Auto		
4.	Burglary and	Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Ma	achinery		••••••
9.	Fire			
10.	Extended Co	verage		4. 4.094.
11.	Inland Marine	Э		
12.	Homeowners	<b>;</b>		
13.	Commercial I	Multi-Peril		
<del>-14.</del>	- Crop-Hail -			
15.		rkers Comp of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

The Charter Oak Fire Insurance Company

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2005

Second Vice President

Official - Title

SPRINGFIELD, ILLINOIS

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective
May 1, 2005

1

2

3

	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
<del>-12.</del>	Homeowners		
13.	Commercial Multi-Peril	<del></del>	
14.	Crop Hail		
15.	Workers Compensation	\$769,515	+12.8%
Doe No.	es filing only apply to certain territory (territor	ies) or certain classes? If so,	specify:
	of description of filing. (If filing follows rates of opting NCCI rates as found in NCCI Circular		

\* Adjusted to reflect all prior rate changes.

Citizens Insurance Company of America

Name of Company

PIVISION OF INSURANCE Udith E. Rider, Senior Pricing Analyst

Official - Title

MAY 0 1 2005

SPRINGFIELD, ILLINOIS

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective May 1, 2005

	1	2	3
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
_11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$5,436,081	-0.4%
Doe No.	es filing only apply to certain territory (territor	ries) or certain classes? If so, s	pecify:
	of description of filing. (If filing follows rates of the pting NCCI rates as found in NCCI Circular		ecify organization):

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Citizens Insurar/ce Company Name of Company

Judith E. Rider, Senior Pricing

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

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Change in Company's premium or rate level produced by rate revision effective		<del>4/1/0</del> 5	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
2. Automobile Physical Damage			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity		<del></del>	
7. Surety			
8. Boiler and Machinery			
9. Fire	<u> </u>		
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	5,958	+0.7	
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify	/: N/A	
District of files of files of files fallows	- af an advisant annuitation annuits		
Brief description of filing. (If filing follows rate: Adopting NCCI advisory loss costs and rating		irganization).	
Adopting 14001 advisory 1035 dogs and rating	Trained distance in the control of t	· · · · · · · · · · · · · · · · · · ·	

Colonial American Casualty & Surety Company
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

nange in Company's premium or rate level produced by rate revision effective:			4/1/05	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+ or -) **	
1.	Automobile Liability			
	Private Passenger			
	Commercial	14.81		
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft		<del></del>	
5.	Glass			
6.	Fidelity			
7.	Surety			
3.	Boiler and Machinery			
<del>)</del>	_Fire			
).	Extended Coverage			
١.	Inland Marine	<del></del>	<del></del>	
2.	Homeowners			
3.	Commercial Multi-Peril	<del></del>	<del></del>	
١.	Crop Hail			
	Workers Compensation	6,708,765	0.7%	
i .	Other:		0.770	

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

<u>CNA is filing to adopt current NCCI voluntary rates</u>

<u>Company specific deviations, if applicable, are noted in the filing memorandum.</u>

- \* In-force Written Premium
- \*\* Change in Company's premium level which will result from application of new rates.

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APR U | 2005

SPRINGFIELD, ILLINOIS

Continental Casualty Company	
Name of Company	

Drew Yashar, ACAS, MAAA - Actuarial Manager
Official - Title

#### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	· ·	
15.	Other Workers Compensation	745,139	0.10%
	Line of Insurance		
Does No.	s filing only apply to certain territory (territories	s) or certain classes? If so, specify:	
Brief	description of filing. (If filing follows rates of	an advisory organization, specify organization	zation):
	dopt NCCI's 1/1/2005 loss costs with no char		

Crum & Forster Indemnity Company Name of Company

Auth a. Avecholser
Official - Title
Regulatory Compliance analyst

DIVISION OF INSURANCE APR U 1 2005 SPRINGFIELD, ILLINOIS

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced	by rate revision effective 6/1/2005	<u>5                                    </u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<ol> <li>Automobile Liability         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Automobile Physical Damage             <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <ul> <li>Boiler and Machinery</li> </ul>                             5 Fire                             6 Extended Coverage</ol>		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril	<del></del>	
14. Crop Hail		
15. Workers Compensation	\$0.00	0.01%
16. Other		
Line of Insurance		<del></del>
Does filing only apply to certain territory (territories) or N/A	certain classes? If so, specify	
Brief description of filing (if filing follows rates of an ad-	visory organization, specify organization)	
Delay of Implementation of NCCI Countrywide Item	Filings B-1393 - Miscellaneous Values f	or Domestic Terrorism,
Earthquakes and Catastrophic Industrial Accidents	s, to June 1, 2005.	
JUI	N OF INSURANCE EastGUARD Insurance Name of Control Name of Con	Company Filings Representative

# ILLINOIS DEPARTMENT OF INSURANCE

	SUMMARY SHEET	3-1-05
Change in Company's premium or rate level pro		
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7 Suratu		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	1,904,032	+1.8
Does filing only apply to certain territory (territor	ies) or certain classes? If so	o, specify: N/A
Brief description of filing. (If filing follows rates o	f an advisory organization,	specify organization):
Adopting NCCI advisory loss costs and rating va	alues effective 1/1/05.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which wi	ill result from application of	new rates.
	Fidelity an	d Deposit Company of Maryland
		Name of Company
		Denise Goode, Secretary
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

FILED

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

# **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	05/01/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -</u> )**
A		
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	17,198,663	.30%
Line of insurance		
Does filing only apply to certain territory (terri		
Brief description of filing. (If filing follows ra 2005-Advisory-Workers' Compensation Rate 2005.	tes of an advisory organization, specify s filed by the National Council on Comp	organization): Adopt the January 1, pensation Insurance-effective May 1,
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	General Cas	ualty Company of Illinois
	N	ame of Company
	Sara Zastrow - R	late Development Technician
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 1 2005

SPRINGFIELD, ILLINOIS

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate leve	I produced by rate revision effective	05/01/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
IO III		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	15,456,334	.22%
Line of Insurance	10,400,004	.2570
Does filing only apply to certain territory (ter No Brief description of filing. (If filing follows ra 2005 Advisory Workers' Compensation Rat 2005.	ates of an advisory organization, specify	organization): Adopt the January 1,
A diverse of the section of the sect		
Adjusted to reflect all prior rate changes. *Change in Company's premium level whic	h will result from application of new rates	
		alty Company of Wisconsin  Jame of Company
	Sara Zastrow - F	Rate Development Technician Official - Title
		Omoral — Truc



\_, Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		January 1, 2005	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity _			
7. Surety			
Boiler and Machinery			
9. Fire		<u> </u>	
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	404/10		
15. Other Worker's Compensation Line of Insurance	7,998,608	0.1	
Does filing only apply to certain territory (	territories) or certain classes? If so, specify:	N/A	
Brief description of filing. (If filing follows Costs and filing of Schedule Rating Plan	rates of an advisory organization, specify		
Costs and ming of Scriedule Rating Plan			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level when the state of the state	nich will result from application of new rates	ch Insurance Company	
	-	Name of Company	
	Patricia Pol	lard, State Filings Analyst Official - Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

- JAN 0 1 2005

SPRINGFIELD, ILLINOIS

#### **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		-
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	<del></del>	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.—	—Homcowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Comp	36,125	-0.8%

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Co.

Name of Company

Scott Reddig, FCAS, MAAA
Assist Vice President/Chief

Official - Title

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

H29219D

### **SUMMARY SHEET**

	(	1)	(2) Annual Premium	(3) Percent
	Cov	crage	Volume (Illinois)*	Change (+ or -)**
l.	Automobile			
	Private Pass	-		
_	Commercia			
2.		Physical Damage		
	Private Pass Commercia	•		<u></u>
3.		er Than Auto	-	
4.	Burglary and			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and M	lachinery		
9.	Fire			
10.	Extended Co	verage		
11.	Inland Marin	e		
12.	Homeowners	;		
13	Commercial-	Multi-Peril		
14.	Crop Hail			
15.	Other V	Vorkers' Comp	1,362,411	-0.4%
14.	Crop Hail		1,362,411	
oes fi	ling only apply	to certain territory (1	territories) or certain classes? If so, specify:	

- \* Adjusted to reflect all prior rate changes.
   \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE OF ILLINOIS/IDEPR	eone Mutual Insurance Co.
FILE D	Name of Company
JAN 0 1 2005	
Scott	Reddig, FCAS, MAAA
SPRINGFIELD, ILLINOIS ctu	et Mice President/Chief
	Official – Title

### **SUMMARY SHEET**

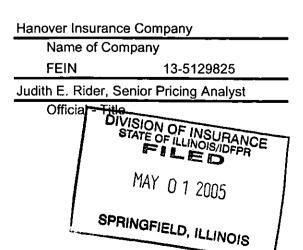
Change in Company's premium or rate level produced by rate revision effective **May 1, 2005** 

2

3

	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		•
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		<del></del>
4.	Burglary and Theft		<del> </del>
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		· · · · · · · · · · · · · · · · · · ·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
<del>13.</del>	Commercial Multi-Peril		
14.	Crop Hail		-
15.	Workers Compensation	\$4,164,935	+7.7%
Doe No.	es filing only apply to certain territory (ter	ritories) or certain classes? If so, s	pecify:
	of description of filing. (If filing follows rate opting NCCI rates as found in NCCI Circu		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



# **SUMMARY SHEET**

Sherry Walter State Filing Analyst Official - Title

Chang	e in Company's premium or rate level pro	oduced by rate revision effective	All policies effective on or after April 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		<del></del>
۷,	Private Passenger  Commercial		<u> </u>
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	472.222	7.00
15.	Other Workers Compensation Line of Insurance	\$72,322	
Brie	ef description of filing. (If filing follows th this filing it is our intent to submit the following rall impact of +7.0%. Adopted the above capts. Revise Rule 4. Terrorism Risk Insurance A	rates of an advisory organization ng revisions to our Workers Compen- tioned NCCI Filing. Revise Level 1 L	n, specify organization): sation program. This revision will result in an .CM to 1.59 from 1.63. Introduce Level 2 LCM of
	APR (SPRINGFIEL	1 2005	Name of Company  Nature Of Company  Murry Walter

H29219D

# · SUMMARY SHEET

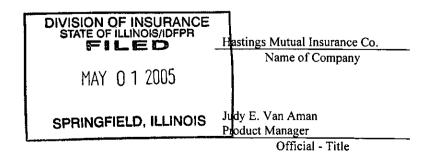
		(1)	(2)	(3)
		(1)	Annual Premium	Percent
	<u>C</u>	overage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile	Liability		
	Private Pas			
	Commerci	al		
2.	Automobile	Physical Damage		
	Private Pas	•		
	Commerci	al		
3.	Liability Ot	her Than Auto		
4.	Burglary an	d Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and I	Machinery		
9.	Fire			
i0.	Extended C	overage		
11.	Inland Mari	ne		
12.	Homeowner	rs		
13	Commercia	l Multi-Peril		
l4.	Crop Hail			
15.	Other _	Workers Compensation	\$1, 607.565	+2.0%
		Line of Insurance		
				• •
Does	filing only ap	oply to certain territory (ter	rritories) or certain classes? If so, s	specify:
				**
				**
		0.001 (T.C.001) C.11		re a saturation
Brie	description of	t filing. (It filing follows	rates of an advisory organization, s	specify organization):
- 14 (14)	n this filing it is o	our intent to submit the following	ng revisions to our Workers Compensat	ion program. This revision will result in an
VVIΠ				Ito 1.59 from 1.63. Introduce Level 2 LCN

Harleysville Lake States Insurance Company		
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Name of Company	
APR 0-1 2005 Shu	ry Walter	
SPRINGFIELD, ILLINOIS	Sherry Walter State Filing Analyst	
	Official - Title	

#### **SUMMARY SHEET**

•	Change in C	ompany's premium or ra	te level produced by rate revision effective	May 1, 2005
		(1)	(2)	(3)
	<u>(</u>	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.		ile Liability Passenger		
	Commer			
2.		ile Physical Damage Passenger		
3.	= -	Other Than Auto		
4.	•	and Theft		
5.	Glass	und Thore		
6.	Fidelity		<del> </del>	
7.	Surety		······································	
8.	•	d Machinery		
9.	Fire			
10.	Extended	Coverage		
11.	Inland Ma	-		
12.	Homeowi	ners		
13.	Commerc	ial Multi-Peril		
14.	Crop Hail	l		
15.	Other	Workers'		
		Compensation	3,645,254	+2.7%
		Line of Insurance		
Does f	iling only ar	oply to certain territory (	territories) or certain classes? If so, specify:	
Brief	description of	of filing. (If filing follow	s rates of an advisory organization, specify	organization):
			Miscellaneous Values, and revised Deductib	le factor, filing independent
Farm	classification	rates and NCCI Table 1	Premium Discount Table.	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



H29219D

# SUMMARY SHEET

	Change in Company's premium or rate	e level produced by rate revision effective	E55% 4-1-05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial	<del></del>	
-			
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compesation	368,762	-,01
	Line of Insurance		
Does	filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
no			
Rrief	description of filing. (If filing follows	rates of an advisory organization, specify c	organization):
Ado	pts NCCI's Item # B-1393.		
	Mark day and an all asian mate absence		
	djusted to reflect all prior rate changes		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2005

SPRINGFIELD, ILLINOIS

Insurance Corporation of Hannover
Name of Company

Gary Ketels - Senior Vice President
Official - Title

H29219D

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

# **ILLINOIS DEPARTMENT OF INSURANCE**

# **SUMMARY SHEET**

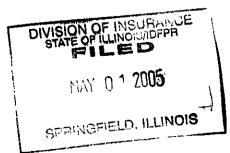
Ch	ange in Company's premium or rate l	evel produced by rate revision effective	3-1-05 ve
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Iflinois)*	Percent Change (+ or -)**
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
<ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul>	Liability Other Than Auto Burglary and Theft Glass Fidelity		
9. 10. 11. 12.	Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
	Crop Hail Other Workers Compensation	9,039,793	-6.1
			ecify organization):
*Ac **C	ljusted to reflect all prior rate changes change in Company's premium level v	which will result from application of ne	w rates.  and Casualty Company  Name of Company
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR  MAR 0 1 2005  SPRINGFIELD, ILLINOIS	Denise Goode, Secretary Official – Title

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective **May 1, 2005** 

	1	2	3
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$1,984,282	-4.4%
Doe No.	es filing only apply to certain territory (territori	ies) or certain classes? If so, specit	fy:
	f description of filing. (If filing follows rates of pting NCCI rates as found in NCCI Circular		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Massachusetts Bay Insurance Company
Name of Company

FEIN

04-2217600

Judith E. Rider, Senior Pricing Analyst
Official - Title

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

nge ii	n Company's premium or rate level produced by rate revision	n effective:	4/1/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	1	
7.	Surety  Boiler and Machinery  STATE OF ILLINOIS/IDEPR	1	
8	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage Inland Marine APR U   2005		
1.	Inland Marine AFN 6 7 2000		
2.	Homeowners		
3.	Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
4.	Crop Hail		
5.	Workers Compensation	3,260,631	-0.8%
6.	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

<u>CNA is filing to adopt current NCCI voluntary rates</u>

<u>Company specific deviations, if applicable, are noted in the filing memorandum.</u>

- \* In-force Written Premium
- \*\* Change in Company's premium level which will result from application of new rates.

runic or	Company

# **Summary Sheet**

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop-Hail	· · · · · · · · · · · · · · · · · · ·	
15.	Other Workers Comp	90,871,273	less than 1.
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

The NIPPONKOA Insurance Company, Ltd.	
Name of Company	
Buin Heffran	DIVISION OF INSULTABLE STATE OF ILLING MIDSER
Second Vice President Official-Title	APR 0 1 2005
Official - Title	SPRINGFIELD, LINDIS

<sup>\*</sup> Adjusted to reflect all prior rate changes

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by rate rev	rision effective 6/1/2005	<u> </u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<ol> <li>Automobile Liability         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Automobile Physical Damage             <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <ul> <li>Boiler and Machinery</li> </ul> <ul> <li>Fire</li> </ul> <ul> <li>Automobile Physical Damage</li> <li>Private</li> </ul> <ul> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Extended Coverage</li> </ul></ol>		
10. Extended Coverage 11. Inland Marine		
<ul><li>12. Homeowners</li><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li><li>15. Workers Compensation</li></ul>	\$137,325.00	0.01%
Line of Insurance  Does filing only apply to certain territory (territories) or certain class  N/A	sses? If so, specify	
Brief description of filing (if filing follows rates of an advisory organized Delay of Implementation of NCCI Countrywide Item Filings B-		or Domestic Terrorism,
Earthquakes and Catastrophic Industrial Accidents, to June	1, 2005.	
* Adjusted to reflect all prior rate changes * Change in Company's premium level which WISION OF INSTATE OF ILLINO  JUN 0 1 20  SPRINGFIELD, IL	Cation of new rates.  SURANCE NorGUARD Insur  Name of C  Mitch Matthews - State I	Company Filings Representative

# ILLINOIS DEPARTMENT OF INSURANCE

## **SUMMARY SHEET**

		3-1-05 1/1 <del>/0</del> 5
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
	***************************************	
. Automobile Liability Private  Passenger Commercial		
2. Automobile Physical Damage	<del> </del>	***************************************
Lighility Other Then Auto		
. Burglary and Theft		
. Glass		_
i. Fidelity		
. Surety		
B. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		·
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation Line of Insurance	649,002	-4.4
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	N/A
		- N
Brief description of filing. (If filing follows rate		ganization):
Adopting NCCI advisory loss costs and rating	values effective 1/1/05.	
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	will result from application of new rates	
	Northern Insurance	Company of New York
	· · · · · · · · · · · · · · · · · · ·	Name of Company
	Denis	e Goode, Secretary
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premlum	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1,	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	•	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	191,051	0.10%
	filing only apply to certain territory (territorie		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPPR

APR 0 1 2005

Regulatory Complexite analys V

SPRINGFIELD, ILLINOIS

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

Forn	n (RF-3)	SUMMARY S	<u>SHEET</u>	DIVISION ( 8TATE OF	FINSURANCE ILLINOIS/IDFPR LED
	Change in Company's revision effective	premium or rate le March 1,	•	v rate	0 1 2005
	(1)	(2) Annual Premiu	m		ĒÙD, ILLINOIS
	<u>Coverage</u>	Volume (Illinois		Change (	
	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft	<del></del>			
5.	Glass				
6.	Fidelity				
7. 8.	Surety  Pailor and Machinery			•	
o. 9.	Boiler and Machinery Fire			-	
10.	Extended Coverage				
11.	Inland Marine				<del> </del>
12.	Homeowners				
13.	Commercial Multi-Peril		·	-	
14.	Crop Hail		-	-	-
15.	Other Work Comp	\$7,018	,173	+	0.8%
	Line of Insurance	·	·		
Does	Does filing only apply to certain territory ( territories ) or certain classes? If so, specify: No				
	f description of filing. ( If filiting loss costs in NCCI circular IL-				rganization):
** C	djusted to reflect all prior rate hange in Company's premium esult from application of new	level which will			
				sualty Insurance Co	mpany
				Name of Company	
			Jenniter Sv	vift Product Staff U	nderwriter
				Official - Title	

## SUMMARY SHEET

	Change in Company's p	remium or rate le March l	evel pre	oduced by rate		
	revision effective	(2) Annual Premi	DIV	ISION OF INSUR TATE OF ILLINOIS/ID	Percent	
	Coverage	Volume (Illino	<u>s)*</u>	MAR U 1 2005	Change (+or-)**	
1.	Automobile Liability Private Passenger Commercial		SP	RINGFIELD, ILLI	NOIS	
2.						
3.	Liability Other Than Auto					
4.	Burglary and Theft			<del></del> -		
5.	Glass					
6.	Fidelity			<u> </u>		_
7.	Surety Boiler and Machinery					_
8. <del>9.</del>						
9. 10.						_
11.	-					_
12.						_
13.				<u></u>		-
14.					1 10/	
15.		\$1,94	47 <u>,690</u>		+1.4%	-
	Line of Insurance					
	es filing only apply to certain t	<del></del>				- -
Brie Ado	of description of filing. ( If fil- pting loss costs in NCCI circular IL-	ing follows rates 2004-05 effective 1	of an a	advisory organiza ith company effective	tion, specify organization): e date 3/1/05.	_
* Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Ohio Security Insurance Company						
				Name	e of Company roduct Staff Underwriter	
		-			icial - Title	_

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		(1.07-)
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

The Phoenix Insurance Company

Name of Company

DIVISION OF INSTATE OF ILLINO STATE OF ILLINO

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		05/01/2005	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial	<del>,</del>	<del></del>	
3. Liability Other Than Auto		<del></del>	
4. Burglary and Theft			
5. Glass			
6. Fidelity		<del></del>	
7. Surety			
8. Boiler and Machinery			
		<del></del>	
10. Extended Coverage 11. Inland Marine			
12. Homeowners			
14. Crop Hail	4,832,282	43%	
15. Other Workers' Compensation Line of Insurance	4,632,262	43%	
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:		
Brief description of filing. (If filing follows ra 2005 Advisory Workers' Compensation Rat 2005.			
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level whic	h will result from application of new rates.		
	Regent In	surance Company	
		ne of Company	
	Cara Zaales D-	to Davolanmant Tb-i-i	
		te Development Technician  Official - Title	
	_		

DIV OF INSURANCE STATE OF ILLINOIS/IDEPR

#### **SUMMARY SHEET**

(	Change in Company's premium or rate (1)	level produced by rate revision effective (2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	-Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	8,334,145	+0.1%
	Line of Insurance		
Ooes f	• • • • • • • • • • • • • • • • • • • •	ritories) or certain classes? If so, specify:	
3rief c We a	lescription of filing. (If filing follows re adopting the NCCI rates that are eff	rates of an advisory organization, specify of ective 1/1/05 and maintaining our current	organization): deviation of +5.0%.
* Ac	ijusted to reflect all prior rate changes.		

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR Selective Insurance Company of JAN 0 1 2005he Southeast Name of Company SPRINGFIELD, ILLIN

Krista M. Thompson, AIS State Filings Analyst

Official - Title

#### **SUMMARY SHEET**

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	votame (mmois)	Change ( Voi )
l.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.—	-Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	568,590	+0.1%
	Line of Insurance		
	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify	y:
No_			
			<u> </u>
		rates of an advisory organization, specif	y organization):
We a	re adopting the NCCI rates that are eff	ective 1/1/05 without deviation.	
			DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	djusted to reflect all prior rate changes.	J.	DIVISION OF WAR

result from application of new rates.

JAN 0 1 2005

Selectore Insurance Company of South Carolina

Name of Company

Krista M. Thompson, AIS

State Filings Analyst
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or ra	ate level produced by rate revision effective	March 1, 2005
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial	<del></del>	
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		<del></del>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	· · · · · · · · · · · · · · · · · · ·	<del></del>
8. Boiler and Machinery		
9. Fire		•• • • • • • • • • • • • • • • • • • • •
10. Extended Coverage		
11. Inland Marine	<del> </del>	<del></del>
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		<del></del>
15. Other Workers	1,644,043	10FA 21 /2/
Compensation Line of Insurance		0.01
Line of insulance		
Does filing only apply to certain territ	ory (territories) or certain classes? If so, spe	ecify: No
Does ming only apply to contain torin	or y (torritorios) or contain classes. In co., op.	<u></u>
Brief description of filing. (If filing follows)	ows rates of an advisory organization, specif	y organization):
Elling to odent NCCI Itom Elling B	4202 for Domostic Torroriom, Earthmuske	and Cotootrophia
Industrial Accidents premium cha	1393 for Domestic Terrorism, Earthquake	es, and Catastropnic
mausum roomens preman ena	go and Endorsement	
*Adjusted to reflect all prior rate char		
**Change in Company's premium lev	el which will result from application of new re	ates.
	= 7	
OF INSURANCE	Star Insuran	ce Company
DIVISION OF ILLINOIS/IDEA	Name of	Company
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
MAR 0 1 2005		
MAR U I LOUS		all-Harmon
100.	Compliance F	ilings Analyst
- ISI D. ILLIN	Ol5 Official	I – Title
SPRINGFIELD, ILLIN		

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

St Paul Fire and Marine Insurance Company Name of Company	
Buin Heffres	DIVISION OF INSURAN JU STATE OF ILLINOIS/IDEPR
Second Vice President Official - Title	APR U 1 2005
	SPRINGFIELD, ILLINOIS

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop-Hail———		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

St Paul Guardian Insurance Company	
Name of Company	
Buin Heffres	DIVISION OF INSUR ACCESSATE OF ILLINOIS/ID FIRE
Second Vice President	APR 0 1 2005
Official - Title	SPRINGFIELD, ILLIN. 40

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	volumo (minolo)	(. 0, )
2.	Automobile Physical Damage - Private Passenger Commercial		_
3.	Liability Other Than Auto	-	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

St Paul Medical Liability Insurance Company	
Name of Company	
Buing Haffres	DIVISION OF INSURA STATE OF ILLINOIS/IDF, II
Second Vice President	APR U 1 20 <b>0</b> 5
Official - Title	SPRINGFIELD, ILLIN >==

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	volume (minois)	(101-)
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
_14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

St Paul Mercury Insurance Company	
Name of Company	
Buin Haffren	DIVISION OF INSI 1. STATE OF ILLINOR FEIL
Second Vice President	APR 0 1 2005
Official - Title	SPRINGFIELD, ILL. 1013
	the contraction of the contracti

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

1 . Automob Private Comme 2 . Automob Private Commod 3 . Liability of 4 . Burglary 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers of 16 . Other:	's premium or rate level produ  (1)  Coverage  bile Liability  Passenger	FORM RF-3  SP  Iced by rate revision effective:  (2)  Annual Premium  Volume (Illinois)	APR 0   2005  PRINGFIELD, ILLINOIS  4/1/05  (3)
1 . Automob Private Comme 2 . Automob Private Commod 3 . Liability of 4 . Burglary 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers of 16 . Other:	(1) Coverage oile Liability e Passenger	iced by rate revision effective: (2) Annual Premium	4/1/05
1 . Automob Private Comme 2 . Automob Private Commod 3 . Liability of 4 . Burglary 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers of 16 . Other:	(1) Coverage oile Liability e Passenger	(2) Annual Premium	
Private Commo  2 . Automob Private Commo  3 . Liability ( 4 . Burglary 5 . Glass .6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	Coverage oile Liability e Passenger	Annual Premium	(3)
Private Commo  2 . Automob Private Commo  3 . Liability ( 4 . Burglary 5 . Glass .6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	Coverage oile Liability e Passenger	Annual Premium	
Private Commo  2 . Automob Private Commo  3 . Liability ( 4 . Burglary 5 . Glass .6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	oile Liability Passenger	Volume (Illinois)	Percent
Private Commo  2 . Automob Private Commo  3 . Liability ( 4 . Burglary 5 . Glass .6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	Passenger		* Change (+ or -) **
2 . Automob Private Commo 3 . Liability 0 4 . Burglary 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerc 14 . Crop Hail 15 . Workers 0 16 . Other:			
3 . Liability ( 4 . Burglary 5 . Glass . 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	oile Physical Damage Passenger		
4 . Burglary 5 . Glass . 6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers of			
5 . Glass .6 . Fidelity 7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers 6 16 . Other:	Other than Auto		<u></u>
6. Fidelity 7. Surety 8. Boiler and 9. Fire 10. Extended 11. Inland Ma 12. Homeowr 13. Commerce 14. Crop Hail 15. Workers ( 16. Other:	and Theft		
7 . Surety 8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerc 14 . Crop Hail 15 . Workers 6 16 . Other:			
8 . Boiler and 9 . Fire 10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerc 14 . Crop Hail 15 . Workers ( 16 . Other:			
9. Fire 10. Extended 11. Inland Ma 12. Homeowr 13. Commerc 14. Crop Hail 15. Workers 0 16. Other:	d 3 da ab in ann		
10 . Extended 11 . Inland Ma 12 . Homeowr 13 . Commerc 14 . Crop Hail 15 . Workers 0 16 . Other:	u Machinery		· ·
11 . Inland Ma 12 . Homeowr 13 . Commerce 14 . Crop Hail 15 . Workers ( 16 . Other:	Coverage		
12 . Homeowr 13 . Commerc 14 . Crop Hail 15 . Workers 0 16 . Other:	<u> </u>		
13 . Commerce 14 . Crop Hail 15 . Workers 6 16 . Other:			
14 . Crop Hail 15 . Workers ( 16 . Other:	cial Multi-Peril		
15. Workers ( 16. Other:		-	
16. Other:	Compensation	16,354,545	0.2%
D 61		1032 1,2 12	0.270
Does ming only appr	y to certain territory (territorie	es) or certain classes? If so, specify.	Not Applicable
CNA is filing t	o adopt current NCCI volunta	an advisory organization, specify organizary rates are noted in the filing memorandum.	ation).
* T. C. 177.50	n t		
* In-force Writte  ** Change in Com		will result from application of new rates.	
		Transcont	tinental Insurance Company
			Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager Official - Title

(1) (2) (3)  Coverage Nanual Premium Percent Change (+ or -) **  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISIO ( STATE C)  Not Applicable  DIVISIO ( STATE C)  Privantal Premium Percent Change (+ or -) **  Automobile Liability Percent Change (+ or -) **  Change (+ or -) **  Automobile Liability Percent Change (+ or -) **  Change (+ or -) **  Automobile Liability Percent Change (+ or -) **  Change (+ or -) **  Automobile Liability Percent Change (+ or -) **  Change (+ or -) **  Automobile Liability Percent Change (+ or -) **  Change (+ or -) **  Change (+ or -) **  Automobile Private Passenger Commercial Automobile Physical Berton (+ or -) **  Automobile Physical Berton (+ o		ILLIN	OIS SUMMARY SHEET SPRINGFIELD, II	PPINOIA
Coverage Volume (Illinois) Percent Change (+ or -) **  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify DIVISION STATE O, STAT			TORM KING BP/III	
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Workers Compensation Other:  Other:  Not Applicable  Division State Q  State Q  State Q  Transportation Insurance Company  Transportation Insurance Company	Change i	n Company's premium or rate level produced by	rate revision effective:	4/1/05
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memoral dum.  APR U 2005  Transportation Insurance Company  Transportation Insurance Company		(1)		
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION STATE O.  is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum. APR U 2005  rec Written Premium ge in Company's premium level which will result from application of new SPRINGFIELD, ILLINOIS  Transportation Insurance Company		Coverage		
Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  piion of filing (if filing follows rates of an advisory organization, specify organization) is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memoraedum.  APR U 2005  Transportation Insurance Company  Transportation Insurance Company	1.	Private Passenger		
Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION STATE OF TATE OF TRANSPORTATION OF TRANSPICE OF TRANSPORTATION OF	2.	Automobile Physical Damage Private Passenger		
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  If so, specify.  Not Applicable  DIVISION STATE OF TRANSPORTATION OF TRANSPICE OF TRANSP	3.			
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION STATE ON In Sta	4.	Burglary and Theft		
Surety Boiler and Machinery Fire  Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION STATE OF	5. 6.			
Boiler and Machinery Fire  Extended Coverage Inland Marine  Homeowners  Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION STATE ON STATE ON The filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum.  APR U 2005  Transportation Insurance Company  Transportation Insurance Company	7.	<u> </u>		
Fire  Extended Coverage Inland Marine  Homeowners  Commercial Multi-Peril  Crop Hail  Workers Compensation  Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISION  STATE O  Is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memoral dum.  APR U 2005  rec Written Premium ge in Company's premium level which will result from application of new STRINGFIELD, ILLINOIS  Transportation Insurance Company	8.			<del></del>
Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  prion of filing (if filing follows rates of an advisory organization, specify organization) is filing to adopt current NCCI voluntary rates pany specific deviations. if applicable, are noted in the filing memorardum.  APR U : 2005  rec Written Premium ge in Company's premium level which will result from application of new SPRINGFIELD, ILLINOIS  Transportation Insurance Company	9.			
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISIO: STATE O: Lis filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memora dum.  APR U 2005  rec Written Premium ge in Company's premium level which will result from application of new STRINGFIELD, ILLINOIS  Transportation Insurance Company	10.			
Commercial Multi-Peril Crop Hail Workers Compensation Other:  only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISIO: STATE O. Is filing (if filing follows rates of an advisory organization, specify organization): Is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum.  APR U 2005  Transportation Insurance Company	11.	<b>Q</b>		
Crop Hail  Workers Compensation Other:  Other:  Only apply to certain territory (territories) or certain classes? If so, specify.  Not Applicable  DIVISIO:  STATE Q:  Is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum.  APR U: 2005  ree Written Premium ge in Company's premium level which will result from application of new STRINGFIELD, ILLINOIS  Transportation Insurance Company	12.	Homeowners		<del> </del>
Workers Compensation Other:  3,832,061  -1.4%  Not Applicable  DIVISION STATE O  intion of filing (if filing follows rates of an advisory organization, spec fly organization) is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memoral dum.  APR U 2005  Transportation Insurance Company	13.	Commercial Multi-Peril		<del></del>
only apply to certain territory (territories) or certain classes? If so, specify.    DIVISIO   STATE   O     STATE   O     Interpretation of filing (if filing follows rates of an advisory organization, specify organization).   Interpretation   Interpretation	14.			
only apply to certain territory (territories) or certain classes? If so, specify.  DIVISIO: STATE O: STATE O: It filing follows rates of an advisory organization, specify organization.  It filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum.  APR U 2005  Transportation Insurance Company	15.		3,832,061	-1.4%
ption of filing (if filing follows rates of an advisory organization, spec fy organization).  is filing to adopt current NCCI voluntary rates pany specific deviations, if applicable, are noted in the filing memorardum.  APR U 2005  rece Written Premium ge in Company's premium level which will result from application of new SRRINGFIELD, ILLINOIS  Transportation Insurance Company	16.	Other:		
pany specific deviations, if applicable, are noted in the filing memorardum.  APR U : 2005  ree Written Premium ge in Company's premium level which will result from application of new SRRINGFIELD, ILLINOIS  Transportation Insurance Company			DIVISIO	
ge in Company's premium level which will result from application of new SRRINGFIELD, ILLINOIS  Transportation Insurance Company	$c_N$	A is filing to adopt current NCCI voluntary rates	<u>.</u>	
ge in Company's premium level which will result from application of new SRRINGFIELD, ILLINOIS  Transportation Insurance Company	Jn−fe	orce Written Premium		
	Char	nge in Company's premium level which will reso	ult from application of newSRRINGFIEL	D, ILLINOIS
			Topographical	auman as Comme
Name of Company				
			Name of 6	Company

Drew Yashar, ACAS, MAAA - Actuarial Manager
Official - Title

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	Volume (minera)	( • 🗸 )
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto	<u></u>	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		·
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Travelers Casualty and Surety Company Name of Company	
Buin Heffres	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
Second Vice President	APR U 1 2005
Official - Title	SPRINGFIELD, ILLINOIS

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	Volume (immore)	( ' 51' )
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		ALEXA AP.
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

The Travelers Indemnity Company

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

STATE OF ILLINOIS/IDFPR

APR 0 1 2005

Second Vice President

Official - Title

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	·	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

The Travelers Indemnity Company of America

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Second Vice President

Official - Title

SPRINGFIELD, ILLINOIS

<sup>\*</sup> Adjusted to reflect all prior rate changes

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	Volume (minois)	(+ 01 -)
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	90,871,273	less than 1.
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

The Travelers Indemnity Company of Connecticut

Name of Company

DIVISION OF INSUF
STATE OF ILLINOIS

APR 0 1 2005

SPRINGFIELD, ILLINOIS

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 04/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<del></del>
5.	Glass	<u></u>	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		· · · · · · · · · · · · · · · · · · ·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14	Crop Hail		
15.	Other Workers Comp Line of Insurance	90,871,273	less than 1.

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000)loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Property Casualty Company of America

Name of Company

DIVISION OF INSURANCE STATE OF ILLINO'S/JOFPR

Second Vice President

Official - Title

APR 0 1 2005

SPRINGFIELD ILLINOIS

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Chan	ge in Company's premium or rate level	produced by rate revision effective	April 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u> Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	*	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. ~	Fidelity		
7.	Surety		<u> </u>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	9,562,609	0.10%
Does No.	filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	
		s of an advisory organization, specify orga change to our loss cost multiplier of 2.070	

APR 0 1 2005

SPRINGFIELD, ILLINOIS

United States Fire Insurance Company
Name of Company

Guth a. Aucholser

Official - Title

Regulatory Compliance analyst

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

	SUMMARY SHEET	
		3-1-05
Change in Company's premium or rate level	produced by rate revision effective	1/1/05
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial     Automobile Physical Damage     Private Passenger Commercial		
Liability Other Than Auto		
A Duralam, and That		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	88,386	+0.5
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing follows rate Adopting NCCI advisory loss costs and ratin		ganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates.	
	Valiant Insur	ance Company
		lame of Company
	Denis	e Goode, Secretary Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

### ILLINOIS SUMMARY SHEET

#### FORM RF-3

Change in Company's premium or rate level produced by		revision effective:	4/1/05
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		<del></del>
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<del></del>	
9.	Fire		
10 .	Extended Coverage		<del></del>
11.	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	5,887,653	-1.5%
16 .	Other:		
Does filii	ng only apply to certain territory (territories) or certain	classes? If so, specify.	Not Applicable
3rief des	cription of filing (if filing follows rates of an advisory of its filing to adopt current NCCI voluntary rates	organization, specify organization).	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	mpany specific deviations, if applicable, are noted in the	ie filing memorandum	SIATE OF ILLINOIS/IDENC
-	and the state of t	to time mettorandant.	LED PAR
· In-	force Written Premium		APP O T
* Ch	ange in Company's premium level which will result fro	m application of new rates.	APR 0 1 2005
			L SPRINGFIELD
		Valley Forge Insu	SPRINGFIELD, ILLINOIS
		Name of C	Company
		Drew Yashar, ACAS, MA.	AA - Actuarial Manager
	•	Official	

Form	(RF-3)	SUMMARY SHEET	VISION OF THE UPANCE STATE OF ILLINOUS/IDFPR  SENTE OF ILLINOUS/IDFPR	
	Change in Company's prevision effective			
	(1)	(2) Annual Premium	GFIELD, ILLINOIS ercent  (3)  (chapte (+or.)**	
	<u>Coverage</u>	Volume (Illinois)*	Change (+or-)**	
1.	Automobile Liability			
	Private Passenger			_
	Commercial			_
2.	Automobile Physical			
	Damage			
	Private Passenger			_
	Commercial			_
3.	Liability Other Than Auto			_
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			—
7.	Surety			_
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			_
13.	Commercial Multi-Peril			—
14.	Crop Hail	40.102.000		—
15.	Other Work Comp	\$3,102,260	+0.3%	_
	Line of Insurance			
Does	s filing only apply to certain te	rritory (territories) or certa	in classes? If so, specify: No	_
Brie	f description of filing. ( If filin	g follows rates of an adviso	ory organization, specify organization):	
Adop	ting loss costs in NCCI circular IL-2	004-05 effective 1/1/05 with con	npany effective date 3/1/05.	
				_
* A.	djusted to reflect all prior rate	rhanges		
	Change in Company's premium			
	esult from application of new			
•			est American Insurance Company	_
			Name of Company	
		Jenni	ifer Swift Product Staff Underwriter	
		<del></del>	Official - Title	

## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
<ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>		
6. Fidelity 7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		·
14. Crop Hail		
15. Other Worker's Compensation	907.98	0.1
Line of Insurance	<del></del>	
Does filing only apply to certain territory (	territories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing follows Costs and filing of Schedule Rating Plan	rates of an advisory organization, specify	organization): Adoption of NCCI Loss
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	
	YI Specie	alty Insurance Company
		Name of Company
	Patricia Pol	lard, State Filings Analyst
		Official - Title



## **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

3-1-05

Change in Company's premium or rate level produced by rate revision effective		4/4/05	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire _		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
15.	Crop Hail Other Workers Compensation Line of Insurance es filing only apply to certain territory (	129,617,221 territories) or certain classes? If so, spe	-5.8 ecify: <u>N/A</u>
	ef description of filing. (If filing follows ropting NCCI advisory loss costs and ra		ify organization):
*Ac **C	ljusted to reflect all prior rate changes. hange in Company's premium level w	hich will result from application of new	rates.
		Zurich Amer	ican Insurance Company
			Name of Company
			MAR 0 1 2005  SPRINGFIELD, ILLINOIS

## **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

3-	}	-05
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Change in Company's premium or rate level produced by rate revision effective		<del>~1/1/0</del> 5
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	2,523,519	-6.5
Does filing only apply to certain territory (ter  Brief description of filing. (If filing follows rat	es of an advisory organization, specify o	
Adopting NCCI advisory loss costs and rating	ng values effective 1/1/05.	
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which	Zurich American Inst	urance Company of Illinois  Name of Company  ise Goode, Secretary  SIGNIGE INSURANCE  TATE OF ILLINOIS/IDEPR

MAR 0 7 2005

SPRINGFIELD, ILLINOIS